## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	automatic extension		[	DFVC progra	am
		special extension (enter description	1)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
TOM SCOTT	Γ MOTORS 401(K) PLA	N & TRUST				plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						01/01	/1993
	ponsor's name and add T MOTORS, INC.	ress; include room or suite number (en	nployer, if for a single-	employer plan)			fication Number 97980
	0.05115555115				2c	Sponsor's telep	
15933 IDAH NAMPA, ID	O CENTER BLVD 83653				24		(see instructions)
					Zu	44111	` ,
		d address Same as Plan Sponsor Na		Sponsor Address	3b	Administrator's I	EIN 297980
OM SCOTT	MOTORS, INC.	15933 IDAHO C NAMPA, ID 836			3c		telephone number
		•				208-455	5-2272
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the la ber from the last return/report.	ast return/report filed fo	or this plan, enter the			
name, <b>a</b> Sponse	, EIN, and the plan num or's name	ber from the last return/report.		·	4c		64
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		64
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c 5a 5b		61
name, a Sponso 5a Total r b Total r c Numbo	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	61
name, a Sponso 5a Total r b Total r C Number comple 6a Were	EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	61
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene 	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	61
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	61 24 X Yes No
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name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder if you c If the p	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF surance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA)	PN  5500.  Yes No established.	24  X Yes No  Yes No  Not determined
name, a Sponse b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c Form	PN  5500.  Yes No established.  Cluding, if applic	A Schedule
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
<u>га</u>	Plan Assets and Liabilities		(a) Beginning of Veg				/b\ En	4 at V		
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 1338929			<u> </u>
 b	Total plan liabilities	7a 7b	100100						30002	,
	Net plan assets (subtract line 7b from line 7a)	7 C	1081558			1338929			9	
8	Income, Expenses, and Transfers for this Plan Year	70		(a) Amount			(b) Total			,
	Contributions received or receivable from:		(a) Amount				(b)	TOLAI		
	(1) Employers	8a(1)	252	0						
	(2) Participants	8a(2)	7857	4						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	18321	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	264306	;
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	693	5						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							693	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							25737 <sup>-</sup>	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2F 2G 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instr	uctions	<b>S</b> :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	des in t	he instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				200000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ					
	instructions.)			10e	^					4854
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					25218
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	•		10i						
Part	VI Pension Funding Compliance						•			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	П №
112	Enter the unpaid minimum required contribution for current year from					11a		·-   <u> </u>		<u> </u>
12	Is this a defined contribution plan subject to the minimum funding				•		EBIGVO		Yes	X No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, or 58	GUUII .	JUZ UI	LINGA!	··   L	. 03	
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Бау		. 100	41	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)			
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruct	ions to the Form 5500	)-SF.	_	
Part   Annual Report Id	lentification Information				7= 1===	
For calendar plan year 2013 or fisca	al plan year beginning 01/	01/2013	and ending	·	12/31/2013 -	
A This return/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer)	Ĺ	a one-particip	ant plan
B This return/report is:	the first return/report the first return/report	the final return/report				
	an amended return/report	short plan year return/	report (less than 12 mo	onths)		
C Check box if filing under:	Form 5558	automatic extension		Ţ	DFVC program	m
	special extension (enter description	1)	•	-	<b></b>	
Part II Basic Plan Inform	nation—enter all requested informat					
1a Name of plan	ination of requestion in a			1b	Three-digit	
Tom Scott Motors 401	(k) Plan & Trust				plan number	001
		•			(PN) P	
	•				Effective date of 01/01/1993	
2		ralovor if for a cinale-e	malayar alan)		<del></del>	
<b>2a</b> Plan sponsor's name and address Tom Scott Motors, Inc	ess; include room or suite number (en	iployer, it for a single-e	mployer plany	1	Employer Identif (EIN) 82-029	
10m 50000 moodab,	<b>^ -</b> .			<del></del>	Sponsor's telepi	
15933 Idaho Center Bl	Lvd			l	208-455-22	
		•				see instructions)
Nampa	ID 83653		4. <u> </u>		441110	<u> </u>
	address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's E	
Tom Scott Motors, Inc				<u> </u>	82-0297980	
				Ł		telephone number
15933 Idaho Center Bl	l <b>v</b> đ				208-455-22	.72
		•	•			
Nampa	ID 83653				•	
	olan sponsor has changed since the la	st return/report filed for	this plan, enter the	4b	EIN	
name, EIN, and the plan number	per from the last return/report.	100	,			
a Sponsor's name			····	4c	PN .	
5a Total number of participants a	t the beginning of the plan year			5a		
<b>b</b> Total number of participants a	t the end of the plan year		***************************************	5b	1.	
C Number of participants with ac	count balances as of the end of the p	lan year (defined bene	fit plans do not	5c		2
		•			1	
	during the plan year invested in eligible					X Yes 1
<b>b</b> Are you claiming a waiver of the upder 29 CER 2520 104-462	he annual examination and report of a (See instructions on waiver eligibility a	in indépendent quaime and conditions.)	a public accountant (10	(PA)		X Yes N
If you answered "No" to eiti	her line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.	
C If the plan is a defined benefit	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	] Not determined
	r incomplete filing of this return/rep					
Under penalties of perium and other	er negalties set forth in the instructions	s. I declare that I have	examined this return/re	port ir	cluding, if applic	abie, a Schedule
SB or Schedule MB completed and	d signed by an enrolled actuary, as we	ell as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
belief, it is true, correct, and comple	ete:		· ·			
SIGN		6-25-14	Tom Scott Mot	ors		
HERE					roina ao nIan adi	minietrator
Signature of plan at	ministrator	Date /	Enter name of individ		ning as plan au	TIMISHALUI
SIGN	<u> </u>	6-25-14	Tom Scott Mot			
HERE Signature of employ	er/plan sponsor	Date	Enter name of individ			
Preparer's name (including firm na	ame, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	parer's telephone	e number (optiona
	•				-	
				-115.715		
				[2:40m/a]		Control of the Contro

	III Financial Information	F77. 2				-	<del></del>	
<b>7</b> P	lan Assets and Liabilities	s and Liabilities (a) Beginning of Year			(b) End of Year			
<b>a</b> .T	otal plan assets	7a	1081558		3		1338929	
b ⊺	otal plan liabilities	7b			ļ			
C N	et plan assets (subtract line 7b from line 7a)	7c	1081558					
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
	ontributions received or receivable from:  1) Employers	8a(1)	2520					
	2) Participants	8a(2)	7	8574				
	3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	1.8	321:	2			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Š.		and the control of the	264306
d E	Renefits paid (including direct rollovers and insurance premiums oprovide benefits)	. 8d			epitical Sensor Sensor			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	,		g-Mir.			
f A	Administrative service providers (salaries, fees, commissions)	. 8f						
gic	Other expenses	8g		693	5			
h ī	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						6935
i N	Net income (loss) (subtract line 8h from line 8c)	. 8i						257371
	Fransfers to (from) the plan (see instructions)	- 8 <sub>j</sub>		٠	1907 11 2012 110 2012 110 2012 110			
b Part	2E 2J 2F 2G 2K 3D  If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits.	feature cod	les from the List of Plan Charac	teristi	c Cod	es in th	ne instruction	ns:
10	During the plan year:	<u>.</u>			Yes	No	A	mount
	Was there a failure to transmit to the plan any participant contrib- 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions with	in the time period described in					
b		luciary Cor	rection Program)	10a		X		
_	Were there any nonexempt transactions with any party-in-interes	luciary Cor st? (Do not	rection Program)include transactions reported	10a 10b		X X		
C	Were there any nonexempt transactions with any party-in-interes on line 10a.)	luciary Cor st? (Do not	include transactions reported		X	12.74		200000
	Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan	iuciary Cor st? (Do not	include transactions reported	10b	Х	12.74		200000
d	Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	st? (Do not st? (Do not s fidelity bo ther perso ll of the be	include transactions reported ond, that was caused by fraudons by an insurance carrier, nefits under the plan? (See	10b 10c	X	х		200000 4854
d	Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a	st? (Do not st? (Do not s fidelity bo ther perso ll of the be	include transactions reported ond, that was caused by fraudons by an insurance carrier, nefits under the plan? (See	10b 10c 10d	v	Х		4854
d	Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	s fidelity be ther persoll of the be	include transactions reported and that was caused by fraud as by an insurance carrier, nefits under the plan? (See	10b 10c 10d	v	х		10-1
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	Enter the amount contributed by the employer to the plan for this plan year	12c		·
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·		
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to fithe PBGC?	he control		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
	13c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
		•	•	
				·
Pari	VIII Trust Information (optional)			
	militarian	14b ⊤	ust's EIN	